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CONFIRMATION NO. 2300

<b>SERIAL NUMBER</b> 09/814,214	<b>FILING DATE</b> 03/22/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 8932-342
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/363,844 07/30/1999 PAT 6,258,125  
WHICH CLAIMS BENEFIT OF 60/095,209 08/03/1998  
AND CLAIMS BENEFIT OF 60/191,099 03/22/2000

*Jackson, Suzette*  
*checked ZLC*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none ZLC*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 27	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Wm. Chaffin</i> 2/11/02 Examiner's Signature Initials				

## ADDRESS

20582

## TITLE

Bone implants with central chambers

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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